Credit Card Automatic Payment Authorization

Complete, print, and mail this form to:
P.O. Box 9001, San Dimas, CA 91773-9001

255 N. Lone Hill Ave. San Dimas, CA 91773 | 800.347.2228 | info@adelfibanking.com | www.adelfibanking.com

With the automatic payment plan, you can be sure your credit card account is paid on time. You don't have to worry about missing payments and paying late fees. Also, you can reduce your balance faster and save on interest when you decide to pay the total amount due or an amount greater than the minimum payment. Choose from three payment options. There are no more checks to write and no sign-up fees. So, relax and simplify your life! Let AdelFi make the payments for you.

Authorization

I authorize AdelFi to debit my checking account for my AdelFi credit card payment. I understand that the payment will be deducted approximately 25 days after the closing date of the statement.

Please check one:

☐ Minimum Payment Due

☐ Total Amount Due

☐ Fixed Payment Amount $ _____ or minimum payment, whichever is greater

I understand and agree that in order for AdelFi to make any payments requested in this Authorization Form, I must have the payment amount available in my account, or my account may be assessed a fee. If this occurs three times, the automatic transfer will be automatically revoked.

I further understand and agree that AdelFi shall not be responsible for any act or failure to act, except in the case of gross negligence or willful misconduct. Furthermore, I agree to hold AdelFi harmless from any claims, liabilities, attorneys' fees, and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization Form.

First Name_____ Last Name_____

- AdelFi Routing No. 322274831
- Another Financial Institution Routing No. _____
- Account No. _____ ☐ Checking ☐ Savings
- Credit Card No. ☐ - ☐ - ☐ - ☐

X_____ _____

Member/Cardholder Signature Date